# PROGRESS



VOLUME II NUMBER 2 SEPTEMBER, 1960



## IN THIS ISSUE




THE ALCOHOLISM FOUNDATION OF ALBERTA

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*The Alcoholism Foundation of Alberta is a private Foundation incorporated in 1951 under the Societies Act, financed by provincial and municipal grants, corporate and private contributions. The Foundation's three point program of Education, Treatment, and Research, is directed at the eventual Prevention of Alcoholism in Alberta. Patient counselling, medical, educational, and research services are provided through the two centres in Edmonton and Calgary. The Foundation recognizes alcoholism as a treatable illness, a serious public health problem, and therefore a public responsibility.*

## TREATMENT

Treatment services are available to anyone desiring help with a drinking problem. The treatment program includes individual counselling, medical treatment, and group therapy. A service fee of $10.00 is charged to the patient. No patient is ever denied treatment due to inability to pay.

There are no consulting fees.

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Monday through Friday.

# The Alcoholism Foundation of Alberta

*Executive Director* - MR. J. GEORGE STRACHAN

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**PROGRESS**

Volume II, Number 2, Edmonton, September, 1960

*Editor:* T. G. Coffey

PROGRESS is published every two months as part of the Foundation's Educational program in order that a more comprehensive knowledge, greater understanding, and more objective viewpoint of the illness alcoholism be provided the people of this province. All material in PROGRESS is believed to have been obtained from reliable sources, but no representation is made as to the accuracy thereof. Opinions expressed in the articles themselves are not necessarily those of The Alcoholism Foundation of Alberta, but are those of the authors reported.

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# Comment

In previous issues of **Progress**, we have discussed the alcoholic, the woman alcoholic, his or her treatment at the Foundation, and his attitude towards treatment. In this issue **A. W. Fraser**, M.A., Associate Director of Treatment Services at the Foundation, writes of the wife of the alcoholic, that important, but often misunderstood, person who can do so much for the alcoholic in motivating him towards treatment and in his rehabilitation. In a later issue, the role of the whole family will be discussed.

As employee health becomes increasingly a subject for employer concern, more and more industries are discovering what is one of their costliest health problems—alcoholism. *Industry's Hidden Problem* summarizes some of the experiences of companies that have instituted alcoholism programs, reports on alcoholism's incidence and importance in industry, and outlines some ways in which an employer can help to mitigate the problem.

An excellent relationship exists in Alberta between the Foundation and industry. The Foundation has conducted orientation courses for companies in Alberta and has advised in the development of individual company policies on alcoholism. The Foundation co-sponsored a Medical and Industrial Forum on Alcohol Studies in Banff in 1956, and continues to conduct workshops for industrial and government personnel.

**Marvin A. Block**, M.D., B.S., Assistant Clinical Professor of Medicine, University of Buffalo Medical School, is Chairman of the Committee on Alcoholism, Council on Mental Health, American Medical Association. We are reprinting this distinguished physician's excellent article at this time in view of the great general interest in the subject and the specific interest of the Foundation in presenting this subject before school students. Amongst other related activities, the Foundation acted as Consultant to the Alberta Department of Education in Compiling the 'Resource Material on Alcohol' for the Health and Personal Development Courses in grades nine and ten.

An indication of the current interest in alcohol and alcoholism amongst parents and children is illustrated by a recent letter from a Calgary doctor. The doctor writes that he has a display of literature in his waiting room, amongst them a pamphlet on

alcoholism. This is "rarely touched, and never taken away." He added some of these pamphlets to a stall of leaflets his wife was displaying at Home and School Association meetings. "To my surprise," he writes, "several were picked up, looked at, and pocketed. So I continued to add some of these to my wife's display at such meetings, and noted that the 'alcoholism' pamphlet has been (relatively) a 'best seller'." If any other reader would like to try this experiment, the Foundation would be glad to supply suitable material.

The churches' increasing acceptance of alcoholism as a treatable illness, and their interest in finding ways of dealing with the alcoholic parishioner, is evidenced in the many requests for advice the Foundation receives from clergymen and the steadily growing number of patients they are referring for treatment.

The *Clergyman and the Family of the Alcoholic* is a summary of a chapter from **H. J. Clinebell's** valuable new book on the subject.

T.G.C.

# NEW STAFF MEMBERS—

## Milton A. Maxwell

MILTON A. MAXWELL, Ph.D., joined the Foundation as Director of Programming on September 15, 1960. Dr. Maxwell's duties at the Foundation will be to assist in the planning and coordination of treatment, education, and research activities; to assist in the development of a staff training program to provide personnel for the Foundation's expanding activities and for other agencies; to participate in educational programs throughout the Province; and to carry on research.

A native of Illinois, Dr. Maxwell was previously Professor of Sociology at Washington State University, Pullman.

While at Washington State he pioneered a sociology course on alcoholism and played an active role in the establishment of a state alcoholism program. Two years ago Dr. Maxwell spent a year on sabbatical leave with the Yale Center of Alcohol Studies and has participated in many schools and conferences on alcoholism as a lecturer. For the past three years, he has been on the faculty of the Yale Summer School of Alcohol Studies as lecturer and industry seminar leader.

His interest in the many-sided aspects of alcoholism is also shown by his research and publications on Alcoholics Anonymous, The Washingtonian Movement (an 1840 AA-like movement), Drinking Behavior in the State of Washington, Characteristics of Private Hospital Alcoholics, The Skid-Row Wino, and Problem Drinkers in Business and Industry. He is also co-author (with Sutherland and Woodward) of *Introductory Sociology,* a widely used text.

He has also been active in the field of mental health. He has served as president of the Austin (Texas) Mental Health Society and for several summers was consultant to workshops for the Hogg Foundation for Mental Health at the University of Texas.

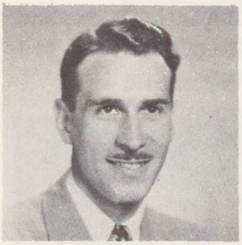
We welcome Dr. and Mrs. Maxwell to Alberta.

# George E. McLellan

GEORGE E. McLELLAN, Dip. S.W., joined the Foundation as a Counsellor in the Edmonton Clinic on September 1st, 1960.

Mr. McLellan was previously Supervisor of the Edmonton Regional Office of the Department of Welfare: an office which he set up and organized to deal with all services provided by the Department, such as Child Welfare, Pension and Allowances, Public Assistance, and Adoptions.

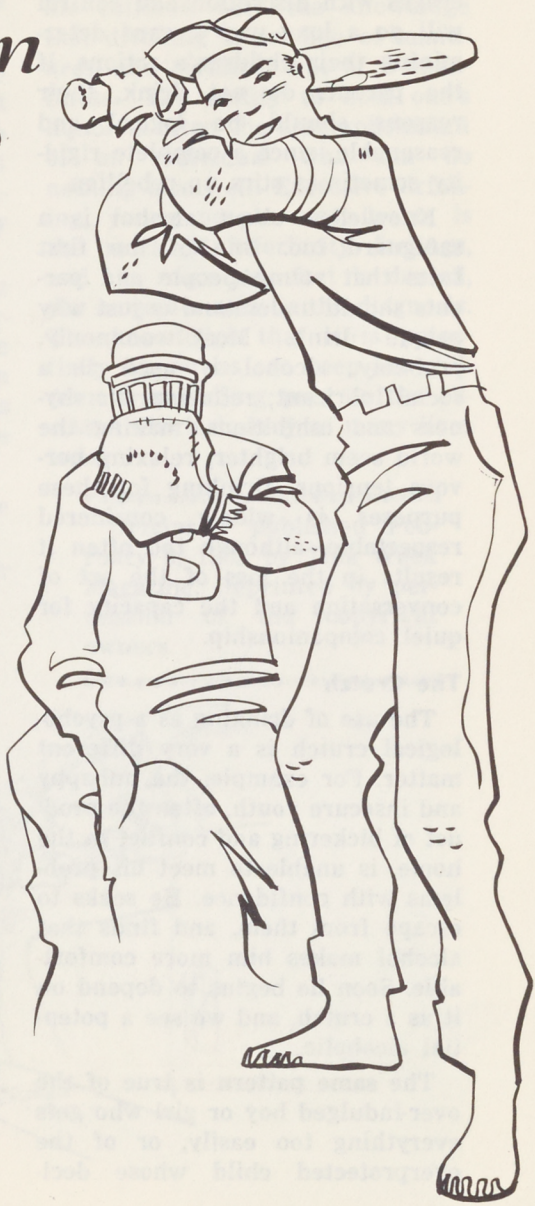
Mr. McLellan was educated at the University of Manitoba, at George Williams College, Chicago, and graduated in Social Work from the University of Toronto in 1942.



Before going to the Department of Welfare, Mr. McLellan served with the Big Brothers, the County Children's Aid Society, and the Family and Juvenile Court in Toronto York County. He worked with the Community Chest and Councils in Saskatoon and Calgary and was Supervisor of Social Services for the Department of Veterans Affairs here in Edmonton.

# *Could Your Child Become An Alcoholic?*

By MARVIN A. BLOCK, M.D.



SOONER or later in almost every home the question of whether or not to drink comes up. Against that day every parent should know the basic facts about alcohol — where its dangers lie, who shouldn't drink at all, how to recognize excessive drinking. It might even be wise to discuss the problem with the young people in your home before you hear the familiar cry, "But all the others do!"

First, though, is the parent being "old fashioned" even to feel that drinking is a problem? From the doctor's viewpoint, not at all! Alcohol is a habit-forming drug, and one which may lead to addiction. Unlike narcotics, however, alcohol in moderate amounts is socially acceptable in many parts of America. Herein lies its danger: Because it is so widely accepted and used, we tend to lose sight of the fact that it can be a dangerous drug.

Perhaps the best way to teach our children about alcohol is by example. If the parents drink, their ability to use alcoholic beverages with discretion and control will go a long way toward determining their children's actions. If the parents do not drink, their reasons should be logical and reasonable, since a complete rigidity sometimes stirs up rebellion.

Knowledge about alcohol is a safeguard too. One of the first facts that young people and parents should understand is just why people drink. Most commonly, probably, alcohol is used as a social lubricant; reducing our shyness and inhibitions, making the world seem brighter, relaxing nervous tensions. Drinking for these purposes is widely considered respectable, although too often it results in the loss of the art of conversation and the capacity for quiet companionship.

### The Crutch

The use of drinking as a psychological crutch is a very different matter. For example, the unhappy and insecure youth, often the product of bickering and conflict in the home, is unable to meet his problems with confidence. He seeks to escape from them, and finds that alcohol makes him more comfortable. Soon he begins to depend on it as a crutch, and we see a potential alcoholic.

The same pattern is true of the over-indulged boy or girl who gets everything too easily, or of the overprotected child whose decisions are always made by dominating parents, who never gets a chance to make a mistake and so learn by experience. When eventually he leaves such an overprotective environment he cannot cope with the problems of life, and in many instances seeks escape in alcohol.

### The Big Illusion

Another potential problem drinker is the child whose parents expect more of him than he can deliver. He is always frustrated, never feels satisfaction because what he does is never quite good enough. Drinking gives him, for the time being, at least, the illusions of bigness and success.

A small percentage of young people will have trouble with the very first drink. These cases may have not only a psychological basis for drinking, but a physical one as well. In fact, many doctors believe that there is a physical basis—something about a person's blood or glands or nervous structure—which makes him become addicted to narcotics or alcohol. While most doctors think that addictions occur only after prolonged use, there are cases on record where a person showed signs of addiction with the very first drink. Such people must be carefully watched, because it is obviously unsafe for them to drink at all.

A surprisingly little understood aspect is just how alcohol works in our bodies. As a drug it might properly be classed among the anesthetics, such as ether. Con-

trary to general belief, its effect is a depressing one. It gives the illusion of stimulation, because it depresses the higher centers of thinking and judgment and allows activity without control.

It is obvious that where judgment is poor and activity without a brake, harm can result. This is the condition that encourages fast driving, recklessness, the thoughtless deed that ruins too many young lives.

Parents may warn their children about such dangers, but unfortunately the individual doing the drinking cannot always ascertain when alcohol has affected his judgment and control. Here are some of the danger signs:

Any feeling of dizziness, undue exhilaration or unusual activity;

Depression, silence, lethargy or sleepiness;

Violent swings of emotion;

A feeling of carelessness;

Finally, ignoring or even resenting the suggestion of friends that he has had too much.

It is a parent's duty to impress his children with the knowledge that drinking is no sign of manliness, and certainly not of womanliness. The ability to hold one's liquor is often the accomplishment of an individual who can do nothing else well. Excessive drinking, young people must learn, is the mark of inferiority feelings, and the more this fact is denied, the more accurate is the diagnosis. The knowledge that it is potentially dangerous can keep our children from falling prey to the excesses which destroy so many lives today.

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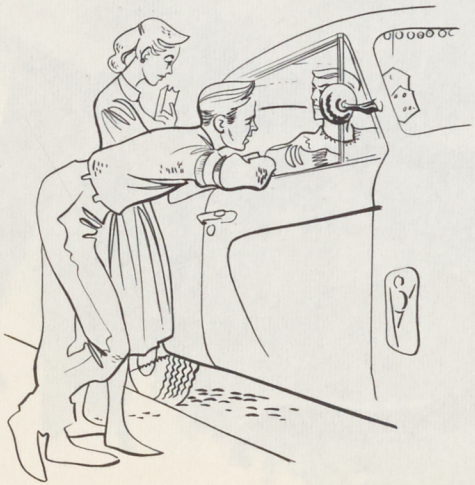


# Wife of the Alcoholic

By A. W. FRASER

ANYONE WHO has had much to do with alcoholism and alcoholics has encountered the wife of the alcoholic who asks, "How can I get my husband to stop drinking, what can I do?" And then a sentence or two later states, "I have tried everything, it's hopeless, nothing can be done."

These contradictory statements and attitudes, together with strong feelings of hostility toward her husband and toward his treatment of her over a period of years, are the first indications we get of an underlying condition of emotional confusion and inability to think, feel, or act consistently in her efforts to cope with the problems created by her husband's alcoholism.

It would be helpful if there were some simple answer that we could give to wives of alcoholics. However, there is not. There is no formula which will guarantee that a husband will do something about his drinking. Occasionally we find a clue and can give specific advice. On the other hand wives *can* nearly always be helped, and often through them, their husbands.

Wives applying for help present many different "fronts." Some are openly distraught and desperate, others waspish and brittle or distant and aloof. Still others are cold and critical, cool and determined, others apathetic. One thing that they, and all relatives of alcoholics, have in common is deep ambarrassment of their need to seek help, so that the counsellor must, initially, put them at their ease.

To deal with them effectively, the counsellor must have some understanding of what is going on behind that "front".

If the husband's illness has advanced to or beyond the middle stage of alcoholism, the counsellor may reasonably assume that the following factors are present, whether or not a wife is consciously aware of them:

She has marked anxiety regarding her own inadequacy as a wife, a mother, and as a total person;

She has marked feelings of rejection and is becoming socially and emotionally isolated, frequently through self-isolation;

She has strong feelings of hostility toward her husband. She feels she ought to leave him and is usually defensive about not having done so; in fact, about not being able to do so;

She feels that she is responsible for her husband's drinking, and is thus responsible for doing something about it.

The front a wife presents will indicate the type of defense she has built to protect herself from the full awareness of these distressing feelings.

An examination of the domestic history usually shows that she has done a remarkable job of holding her home together, of dealing with many serious difficulties, and of protecting her husband against the consequences of his drinking. Why then does she have so many fears and doubts about herself? Why is she so confused and uncertain of her rights and responsibilities in this situation?

IT IS POSSIBLE, and not too difficult, to trace and understand the development of these feelings. The fact that she has come for help is an indication of disagreement between her and her husband about the seriousness of his drinking. Over the past few years she has probably approached and reproached him to do something about his drinking. His response is, typically, to turn a deaf ear, walk away, or if she persists, to fly into a rage and launch a counter-offensive in which he points out all her shortcomings. The alcoholic's drinking is his primary defence against life's threats and difficulties. When this defence is attacked, he must justify his drinking. Very often, foremost amongst his many justifications for his drinking is his wife. He tells her and anyone else who will listen how she is responsible for his recourse to drinking, that she nags him, and bosses him, that she mismanages the finances, the home, the children, that she is cold, unresponsive, and always complaining. According to him, *she* is the one with problems, the one who needs treatment, in all probability, psychiatric treatment. We have a tendency to reject this always, but there are, of course, instances when the procrastination, the unwillingness to seek treatment, are due to the wife's attitudes.

It is true, she has problems, many problems, but these problems are not the *cause* of his alcoholism. They are usually the *result.* The disorder which causes alcoholism lies within the alcoholic, it does not lie in his external environment. Whether rich or poor, illiterate or a Rhodes Scholar, single or married (and if married, whether his wife is an angel or a demon), if he drinks, his alcoholism will get progressively worse. This progressive characteristic of alcoholism is not yet fully recognized by the alcoholic, his wife, or by the public in general. As a consequence, when the husband's drinking first starts to get out of control, he and his wife both look for reasons in the external environment. Usually the first effects of problem drinking are felt in the home. The husband is staying out drinking when he should be at home attending to his duties as a husband and a father. He is often coming home semi-intoxicated or very intoxicated with consequent drunken quarrels. The wife now begins to wonder if something in the home is responsible, if perhaps she is failing as a wife. The alcoholic husband tends to reinforce these incipient doubts and fears by projecting on to her some of the blame for his drinking.

Due to her ignorance of the simple facts about alcoholism, her feelings of being responsible for his drinking begin. No matter how hard she tries, no matter how many or how great the changes she makes in herself and in the home situation, if he continues to drink, the domestic situation will steadily deteriorate. All her attempts to remedy the situation will fail—resulting in greater self-incrimination and, at the same time, greater hostility.

By the time her husband's alcoholism is apparent outside the family, serious domestic problems have already arisen. Already the husband/wife relationship has deteriorated and she is invaded by feelings of anxiety, insecurity, and resentment. To others she may begin to show some resemblance of the old stereotyped picture of the wife who drives her husband to drink. If at this time she appeals to friends or relatives for advice concerning her husband's drinking, these people may suggest how *she* may change. This will tend further to convince her that *she* is the one who is in some way responsible for his drinking and thus increase her feelings of guilt and blame.

IN TRACING THE development of the wife's psychological condition, it is important to appreciate that a definite pattern is established which parallels the progressively deteriorating pattern of the alcoholic's life.

At first she tries to excuse his drinking, then to disguise its extent, then to conceal its effect on her and on the family, and then more and more desperately to counterbalance these effects by continually modifying and chang-

ing her own and the family's way of life.

During this period of frantic attempts to readjust, she gradually withdraws from social and emotional contact with friends, relatives, and finally, with her own parental family. She is now almost totally dependent upon her husband for feelings of acceptance and approval and these he cannot give. At the same time the alcoholic is a very dependent person. He realizes this and tries to control his wife, the person upon whom he is dependent, by drinking. In his increasingly desperate efforts to justify his drinking, he can only criticize and disparage. Although she fights against this, she is almost forced to accept his evaluation of her as there are no opinions to offset it. Her feelings of inadequacy and futility increase until she becomes almost as confused and indecisive as her alcoholic husband.

**Treatment**

Some new crisis in the domestic situation usually sends her to an agency for help. What can be done? In considering this question many counsellors would say, "The most logical thing to do is to get out of the situation. She should separate — this would be best for both her and the children." Without knowledge of the total situation, the wisdom of this is open to question. We have to be very careful in considering recommendations of separation to the wife of the alcoholic.

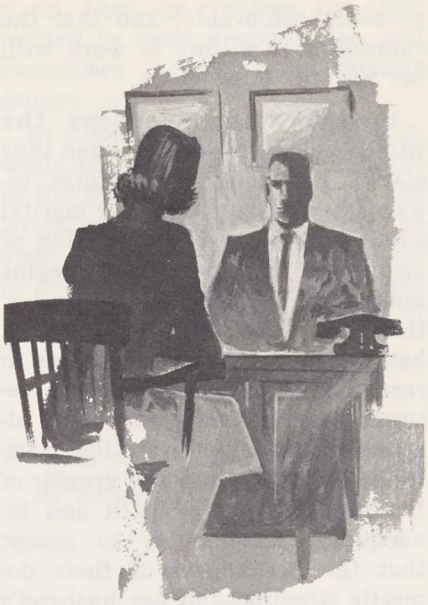
Although alcoholism is amongst the most frequent stated causes of divorce, it is astonishing how many marriages of alcoholics do not break up.[1] While the wife may be confused and indecisive, the fact that she has come to a counsellor, rather than to a lawyer, is an indication of her basic resistance to the idea of separation. Despite this, very often in interview, she will state that the thing she ought to do is leave her husband and this is what she will do. Sometimes she doesn't voluntarily state this, but she can easily be encouraged to do so through suggestion by the counsellor. If at this time the counsellor should recommend, encourage, and support this woman to get a separation, one of two things are likely to happen.

(a) She may leave the first interview seemingly determined to consult a lawyer regarding separation. Shortly after she leaves, however, her determination will wane and she will not do so. Realizing that she has not followed a definite recommendation of a counsellor, she will be very reluctant to come back to the agency. Thus a premature recommendation to separate has cut off this woman from treatment.

(b) The wife may go through with separation proceedings or she may just walk out on her husband. In either case, if this has been done too hastily, or too impulsively, in all probability she will return to him shortly. To leave and to go back before the husband has actually had time to do anything

permanent about his drinking is dangerous to them both and will do more damage than good.

Undeniably, in some limited instances, separation may be therapeutic, but before the counsellor advises this, he should have a full and detailed understanding of the total situation. He should ensure that the wife knows what she is doing, why she is doing it, and that she accepts it emotionally. If she is fully aware that she can separate from her husband and by so doing help to bring him into treatment, separation may be recommended and utilized to this end. Caution must, however, be exercised. Separation is not a device which one should use without full consideration of the facts involved and the possible consequences.



FAR MORE frequently than dealing with difficulties associated with separation, the counsellor is faced with the problem of helping this woman to live more comfortably and efficiently in her present situation and to help her enable her husband to recognize his responsibility (not *hers)* to do something about his drinking problem: For it remains the duty of a sick person to get well.

The counsellor must realize that, regardless of the front the wife presents in the initial interview, he is dealing with a deeply troubled person, one whose life has been seriously disrupted and who has been emotionally hurt. She cannot be expected to respond in a cool, logical fashion to a concise (even though sympathetic) explanation of the cause of her difficulties, or to go home after one interview a reassured and confident person able to follow a consistent course of action in dealing with her husband. Her attitudes and behaviour can change and she can learn to handle her home situation more capably; but this will take time.

During the first interview or two, the counsellor should only attempt to convey to the wife of the alcoholic that her problems are understood and accepted as real and distressing, and that they can be alleviated (Attention should be focused on her difficulties, her feelings, not her husband's); that her underlying hope that the marriage can be preserved and improved is recognized as worthwhile and as

probably achievable; and that the counsellor is willing to work with her towards these goals.

In subsequent interviews the wife is helped to verbalize and thus clarify her confused feelings towards her husband and her marital situation. As her understanding of alcoholism improves, she begins more and more to "feel" rather than just "say" that her husband has a serious illness. She begins to recognize the inter-relationship between her husband's advancing alcoholism, their deteriorating marital relationship, and the growth of her own feelings of guilt and inadequacy. She begins to accept that the breakdown of their domestic situation and her husband's excessive drinking were not due to failure or inadequacy on her part. She becomes more objective and less panicked and helps to interpret her husband's condition and difficulties to the children.

AS THE WIFE'S ability to talk about, examine, and come to grips with her problems increases, her feelings of guilt and uncertainty decrease. A change occurs in her attitude and behaviour toward her home situation and toward her husband. She is calmer, firmer, and more consistent in her dealings with him. She demonstrates a growing awareness of what she will and will not accept as her responsibilities. She is better able to establish and adhere to definite limits of the demands and behaviour that she will accept. She is more certain about what she can do if he persists in exceeding these limits.

Thus, over a period of time, sometimes weeks, sometimes months, depending on individual circumstances, a very definite change occurs in the alcoholic's home environment to which he must adjust. Frequently his adjustment is to present himself for treatment. Contact with the wife is maintained throughout his period of treatment, usually with one counsellor, while another counsellor deals with the husband.

In those cases where the alcoholic husband approaches the Clinic first, every effort is made to get to know the wife. We try to see most wives in individual interview. We also encourage them to attend the evening therapy groups with their husbands, so that they may develop an understanding of alcoholism and the relationship between this illness and their many problems. The evening therapy groups also provide the wife with an opportunity to meet other wives who have similar problems and thus reduce her feelings of aloneness. They also provide the husband and wife with objective facts about alcoholism to talk about. Too frequently this has become a controversial subject, and one which, if broached at all, results in quarreling and recriminations. The evening groups present a more objective picture of the situation and provide a common ground for discussion and understanding.

The wives of recovering alcoholics, it must be remembered, have

adjustments to make as a result of the husband's recovery program. These problems vary as he progresses in sobriety, from the more or less simple problem of learning to accept periods of irritability, tension, and restlessness during early sobriety, to more complex problems which sometimes develop after a period of sobriety; for example, in the establishing of a new dominance - submission balance in the husband and wife relationship. Finally, we help the problem drinker and his wife to interpret the hazards of alcoholism to their children, if old enough to understand. Teen-age children are often invited to meet a counsellor, and sometimes to attend the therapy groups.

In summary it may be said that, while there are no simple answers to the problems bequeathed to the wives of alcoholics, much can be done in the counselling situation to alleviate their fears and to pave the road for the rehabilitation of all concerned.

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REFERENCE

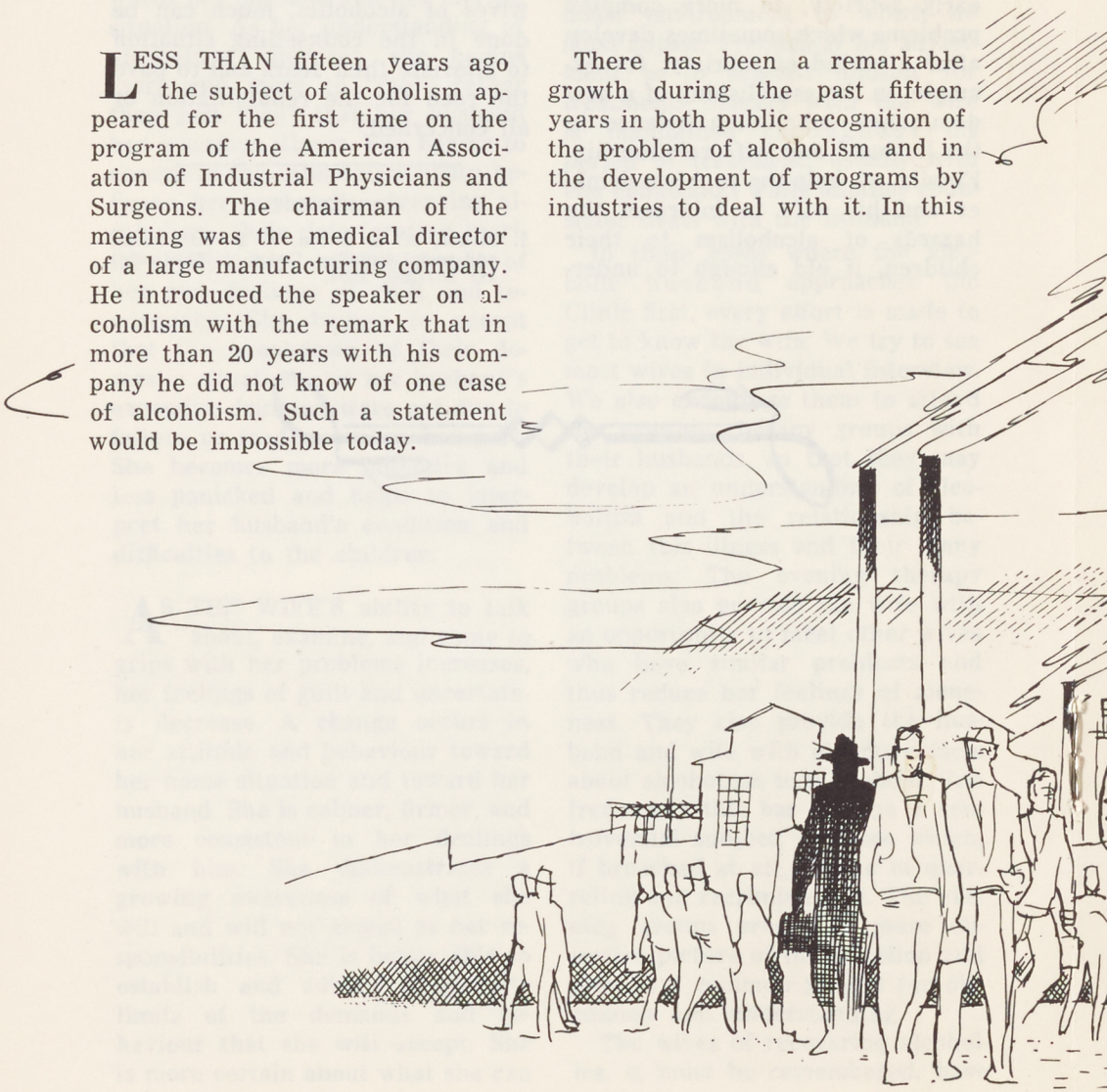
1. Straus, R. & Bacon, S. D. Alcoholism and social stability. Quart. J. Stud. Alc. 12: 231-260, 1951.

# INDUSTRY'S HIDDEN PROBLEM

By T. G. COFFEY

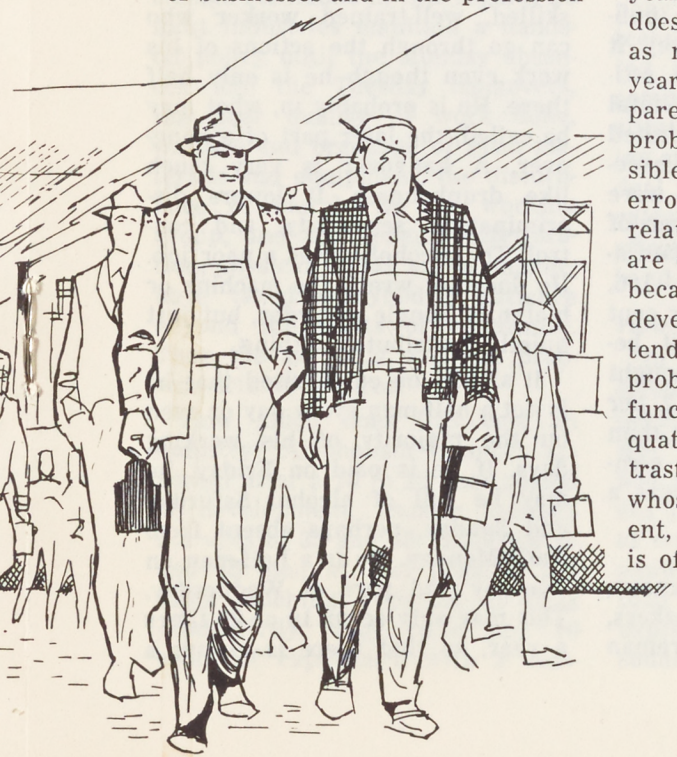
LESS THAN fifteen years ago the subject of alcoholism appeared for the first time on the program of the American Association of Industrial Physicians and Surgeons. The chairman of the meeting was the medical director of a large manufacturing company. He introduced the speaker on alcoholism with the remark that in more than 20 years with his company he did not know of one case of alcoholism. Such a statement would be impossible today.

There has been a remarkable growth during the past fifteen years in both public recognition of the problem of alcoholism and in the development of programs by industries to deal with it. In this



new climate, the interest of management and labor in the development of such programs has rapidly increased, and experience is accumulating from which new programs may profit.

A recent survey[1] by the Alcoholism Research Foundation of Ontario reported that "six per cent of the personnel in ten typical companies (relatively small companies employing fewer than 200 workers) were diagnosed as problem drinkers or alcoholics." Further, "Five and one half per cent of all alcoholics uncovered by that Foundation's survey were found among the managers and owners of businesses and in the professional groups. . . . Sixty per cent of the alcoholics found were skilled, semi-skilled, or white collar workers in the upper income brackets. . . ."



Other studies[2] in the United States report different figures, some higher, some lower than those reported from Ontario. The incidence of problem drinking, however, hardly begins to reflect its importance.

The Yale Center of Alcohol Studies indicates[3] that the average problem drinker in industry is absent from his job 22 working days a year because of the effects of alcohol. He loses two days a year more for other illnesses than does the average worker, has twice as many accidents, and loses 12 years of his life span when compared with the non-alcoholic. Many problem drinkers are in responsible positions where mistakes, errors of judgment, and the public relations effects of their drinking are extremely costly. Furthermore, because of alcoholism's insidious development and because of the tendency to deny and conceal the problem, many men continue to function for a long time in inadequate and ineffective ways. In contrast to the skid row itinerant whose alcoholism is all too apparent, the worker's drinking problem is often concealed.

Mr. J. George Strachan, Executive Director of The Alcoholism Foundation of Alberta, wrote recently in the Canadian Manufacturers' Association's *Industrial Canada*,[4] "With an estimated labor force of 20,000 problem drinkers at the present time, and an enormously expanding economy, alcoholism in Alberta presents a very real problem to business and industry. 25 major employers in the Edmonton area with an annual payroll exceeding $66,000,000.00 are estimated to have approximately 1,000 workers with a serious drinking problem. The total absenteeism by these employees, attributable to their problem, approaches 18,000 days and a wage loss of $163,000 annually."

Two years ago, the National Industrial Conference Board published the results of a survey it had made on management attitudes towards alcoholism.[5] A total of 106 companies in the United States were surveyed. When executives of these companies were asked to estimate the number of alcoholics in their own organization, only two, out of the 106, guessed it at more than 5 per cent of employees; five placed it between 3 and 5 per cent; 25 thought it might be between 1 and 2 per cent, and 64 said it was less than 1 per cent. Only 36 of the companies felt that alcoholism was a problem in their companies.

**The Hidden Problem**

The problem drinker is known to his friends, his fellow workers, his shop steward, and his foreman long before he comes to the attention of disciplinary authorities. Because he is so often a likeable person, and efficient at his job when sober, and because of the fear of severe disciplinary action if he were reported, the alcoholic's wife makes excuses for his absences, his fellow workers hide his condition by doing his work for him, and the foreman covers up for him because he doesn't want to see him lose his job.

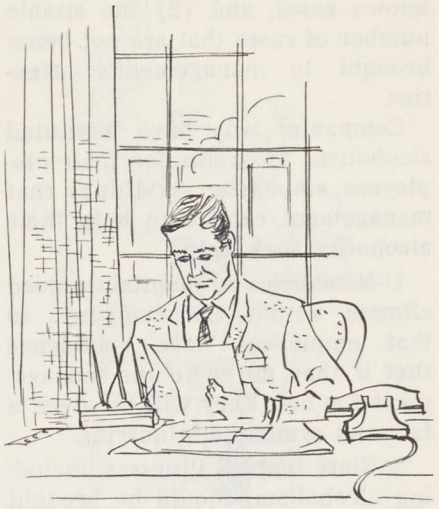
The alcoholic in industry rarely turns up for work obviously drunk. He does not stagger through the gates waving a bottle. He knows that this sort of behaviour will soon lose him his job. Rather, he enters quietly, and goes to his machine, or desk, or counter, and commences work. He is probably a skilled, well-trained worker who can go through the actions of his work even though he is only half there. He is probably in, what may be called, the later part of a hangover. A hangover is very much like drunkenness. It lowers discrimination, sensitivity, and control. The alcoholic does a poor job. He does not wreck the machine or blatantly bungle an order, but just quietly contributes nothing.

It should be emphasized that he is not a half-man every day or even on the majority of his working days. If he is paid on Friday, he may be full of alcohol Saturday and Sunday, perhaps absent from work Monday. He is a half-man on Tuesday and part of Wednesday. This may only occur 10 or 20 times a year, so that there is always a

period when he is a whole-man, doing his work adequately, which tends to cover up or even erase the memory of each half-man episode.[6] If this man came to work with a broken arm, he would be told to do something about it. But nobody tells on the alcoholic. "He's a nice guy, my wife knows his wife, it's none of the company's business what he does on Saturday and Sunday."

This is a dilemma that is very well summarized[7] by Dr. John Norris, medical director of the Eastman Kodak Company. "Almost everyone who uses alcoholic beverages believes very strongly that his use of alcohol is his or her own concern, and violently resents the suggestion by anyone that he change his habits in this regard. So most industries maintain a hands-off policy until the Monday absences, and the Tuesday hangovers, the poor quality of work done, wastage and breakage of good materials and equipment, the disturbance of morale in the working group, and the general deterioration, physical, social, and economic, have taxed everybody's patience beyond the limits of endurance. Then the axe falls; and the problem drinker is fired."

How much does this cost an industry? Alcoholism becomes apparent after a 10 to 15 year period of development, usually between the ages of 35 and 45.[8] Between 35 and 45 men of real promise are often reaching a period of peak productivity; they have had 10 years of experience with a company; they are at the point of high technical qualification or of assuming executive responsibility. The company cannot easily find a substitute for that 10 years of training and experience, without a great deal of expenditure. Another incalculable factor is the crippling effect of an alcoholic wife or husband on the employee.



### How to Find Him

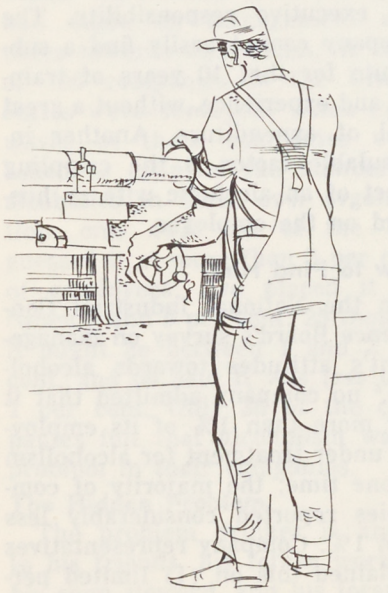
In the National Industrial Conference Board's survey on management's attitudes towards alcoholism,[5] no company admitted that it had more than 1% of its employees under treatment for alcoholism at one time; the majority of companies reported considerably less than 1%. Company representatives explained this on (1) limited personnel and resources that make it

impossible for them to help all known cases, and (2) the sizable number of cases that are not being brought to management's attention.

Companies who have instituted alcoholism programs for their employees emphasize six things that management can do to help their alcoholics seek help.[5]

1. Establish and maintain a good climate within the company, so that employees have confidence that if they do go to the management for help they will be given a fair and sympathetic hearing.

2. State that all illnesses, including alcoholism, should be brought promptly to the attention of the medical department. This informs everyone that alcoholism is not to be hidden, but brought out into the open and treated.



3. Identify employees who are problem drinkers. This can only be done by learning to recognize the symptoms of alcoholism. Some of the more obvious ones are: frequent Monday morning absence, especially if someone else calls in to report his 'indisposition'; sudden marked changes in personality traits (unusual bursts of temper or irritability, unexplained periods of moroseness and moodiness, sharp changes from elation to depression, or vice versa); noticeable trembling of the hands; poor coordination; drops and spurts of activity; tendency to give elaborate excuses for absences, tardiness, and accidents, or to stress grievances.

4. Refer these employees to those who can help them, such as local alcoholism clinics, or Alcoholics Anonymous.

5. Support community centers that work with alcoholics.

6. Support research in the field of alcoholism. Taking into consideration alcoholism's prevelance and cost in cash and human suffering, limited funds have been made available for research into its causes.

LABOR AND management form very large and influential sections of the North American public and thus their attitudes towards alcoholism represent an important part of public opinion.

Many companies in Canada and the United States now have alcoholism programs. Some treat the alcoholic within their own medical

setting, others utilize existing community agencies.

The Consolidated Edison Company of New York, recognized as a pioneer for alcoholism programming in industry, was instrumental in establishing the Consultation Clinic for Alcoholism at the University Hospital of the New York University—Bellevue Medical Centre. Since then many companies have used and supported the Clinic's facilities.

Such firms as Eastman Kodak, Bell Telephone, and Caterpillar Tractor use and support various community resources. General Motors refers its problem drinkers to a community clinic in Detroit. E. I. du Pont de Nemours Company and the Great Northern Railway Company built their treatment and rehabilitation programs around the fellowship of Alcoholics Anonymous.

How successful has industrial programming on alcoholism been? Companies which have kept careful records since the initiation of their programs unanimously recognize their worth. Dr. C. Anthony d'Alonzo, Assistant Medical Director of du Pont, estimates[10] that the rehabilitation program for most companies costs about $100 a year per patient, and that, "This expense is more than offset by the savings in waste, absenteeism, accidents and morale." Allis-Chalmers estimates that $80,000 a year is being saved by the percentage reduction in absenteeism from among those treated. "In my opinion, no single effort of our department has received so much favorable attention as its effort since 1951 to be of help to Bell employees with drinking problems," reports[5] the Medical Director of the Bell Telephone Company of Canada.

Most labor unions support the conception of alcoholism as an illness and programs for the alcoholic's rehabilitation. In 1957 the AFL-CIO's Community Service Committee issued a pamphlet[11] in which it was said of the alcoholic, "He is a sick person. . . . The majority of alcoholics are not 'skid-row' type. . . . Over 85% of them on the surface lead normal lives, have homes and families, are employable and usually working. They often have exceptional skills."

The interest of management and labor is being kept alive through the efforts of the Yale Centre of Alcohol Studies, the Quarterly

Journal of Studies on Alcohol, the National Council on Alcoholism, and the activities of provincial and state programs. The growing number of Alcoholics Anonymous members on the labor force is no doubt a decisive factor in these trends.

Many business journals, house organs, popular magazines, and newspapers have done and repeat articles on this subject; including *Time, Fortune, Maclean's, Financial Post, Wall Street Journal,* etc. These may be expected to foster further interest. In 1959, the Christopher D. Smithers Foundation of New York City published a valuable pamphlet, *A Basic Outline for a Company Program on Alcoholism,* as a public service to business and industry.

The kind of program most useful for a given business association will depend upon the local clinical resources available and the extent to which the management wants to become involved. Most of the existing industrial alcoholism programs have been developed by large, well-equipped corporations employing thousands. But the alcoholic worker is not concentrated in our larger corporations. He exists throughout our business and industrial life. We now need to develop programs in all the smaller organizations so that every employee with a drinking problem has the opportunity for advice, referral, and treatment.

A program for any industry, large or small, can readily be activated. To this end we may apply the Foundation's slogan of Awareness, Knowledge, and Understanding.

Of course the problem will not be tackled unless management is aware of it; and management will be aware only if it does not hide it, nor hide from it.

Knowledge of alcoholism, and, especially, of how to use available resources, doctor, nurse, a clinic, and an AA group, of course cannot evolve upon management; but rather upon a person put in charge of the program.

Understanding that the alcoholic is not perverted, weak-willed, hopeless or helpless must be spread throughout all levels of industry, management and labor.

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*This year the fellowship of Alcoholics Anonymous is celebrating its 25th Anniversary. This was marked by a magnificent conference at Long Beach, California in July.*

*On this memorable occasion, The Alcoholism Foundation of Alberta wishes to add its tribute to the fellowship as a whole and its appreciation to the staff of the General Service Office of Alcoholics Anonymous in New York and to the groups and members of the Province for their continuing and wholehearted cooperation.*

*Though there is no connection, there does exist a healthy and constructive working rapport between the Foundation and Alcoholics Anonymous. No approach to the problems of Alcoholism would be complete without their support.*

*Bill W., a co-founder of A.A., once said, "A.A. should always be on tap and never on top." It is this concept of service that enables A.A. to do so much in assisting public agencies to deal with the problems of alcoholism. To the Alberta Groups of Alcoholics Anonymous belongs much of the credit for improved treatment facilities in our community.*

*"The greatest sin against our fellowmen is not to hate them but to ignore them," someone once remarked. For all too long this has been the fate of the alcoholic—he was ignored. A.A. has changed this attitude and in its place injected that age old precept, "I am my brother's keeper," and with that restored to the recovering alcoholic his greatest loss—his human dignity.*

J. GEORGE STRACHAN

# ALCOHOLICS ANONYMOUS

## — *A.A.'s 25th Anniversary Meeting*

TWENTY-FIVE YEARS ago, in the spring of 1935, a New York businessman and an Akron, Ohio, doctor, both advanced alcoholics who had been considered "hopeless drunks," decided to share their experiences together to overcome their compulsion to drink. This meeting marked the beginning of the fellowship now known as Alcoholics Anonymous, whose program for recovery is helping 300,000 alcoholics in about 80 countries.

During these past 25 years A.A. has had a major part in changing many old concepts of alcoholism. Its simple program for recovery has been accepted by many leaders in the fields of medicine, religion, business, and penology, and in turn has provided the impetus for the establishment of professional clinics, government sponsored organizations and centers across North America.

In Long Beach, California, July 1-3, 1960, Alcoholics Anonymous

celebrated its 25th Anniversary International Convention. More than 10,000 recovered alcoholics, relatives and guests, attended from nearly all states and Canadian provinces and from 12 foreign countries.

Leading figures from the fields of medicine, religion, penology, law enforcement, and public health addressed the Convention. Bill W., a Co-founder of A.A., made the two major addresses.

Bill W. called on A.A. to re-dedicate itself to the "immense task of service which lies ahead."

He emphasized that A.A. had no desire to "dry up the world," but only wished to make its recovery program more widely available to problem drinkers who seek sobriety.

"The number of men and women who are now sober in A.A. is estimated at about 300,000," Bill W. declared. "But the best evidence is that there remain in the United States alone at least 5,000,000 active alcoholics. Worldwide, there are perhaps 25,000,000 gravely stricken sufferers. Alcoholics Anonymous, even with its 8,000 groups in nearly 80 countries, still touches only a little more than one percent of this appalling mass problem. Thus, while A.A. can be grateful for its promising beginning, it can scarcely congratulate itself for any wholesale success, and must, instead, rededicate itself to the immense task which lies ahead."

"We are not educators or propagandists for any cause," Bill W. said. "All that we have to offer is our own experience, as recorded in our recovery program, and this we make available freely to all who seek it. We leave to our allies and others in many fields—medicine, religion and welfare — the work which they can do so much better than we. We are always ready to help, but never to become entangled in other programs."

"There are always three courses open to any alcoholic who is restored to a reasonable freedom of choice through sobriety in A.A.," Bill W. said.

"He can return to drinking, but this, for the alcoholic, is certainly a return to destruction. He can settle for mediocrity and self-satisfaction even though this may indeed prove to be a precarious perch. Or he can choose to go on growing in greatness of spirit and action."

MILTON A. MAXWELL, Professor of Sociology at Washington State University, and who has now joined the Foundation as Director of Programming, spoke of the three significant contributions the fellowship of A.A. has made to a "larger, genuine social movement" aimed at bringing about a change in society. He described these contributions in the following terms:

"1. The first contribution is unofficial. It is the enthusiasm, time and energy—in short, the *spark* — given this movement by individual members of A.A., not as members of A.A.,

but in their capacity as individual citizens. No one has tabulated the man-hours and energy-units expended in arousing and educating the community and in supporting the development of state and provincial programs, but we know that the contribution has been an important one.

2. A.A.'s chief contribution, however, has been its own success in helping its members achieve and maintain recovery from alcoholism. We cannot know how many alcoholics have found sobriety in A.A., but it is probably between 300,000 and 400,000. When we consider what this means, not only to the recovered alcoholics, but also to their families, employers, and friends, this is a mighty achievement.

3. A.A.'s own success has had another important and far-reaching consequence. The sum total of these recoveries has produced an enormous impact upon public opinion. The recoveries have dramatically and convincingly demonstrated to people everywhere that alcoholism is not a hopeless disease, but that the alcoholic can be helped and that he is worth helping. . . . Nothing is quite so impressive as the real-life recovery of someone we've known."

To commemorate A.A.'s 25th Anniversary, a book *A.A. Today* has been published by the A.A. Grapevine. Amongst the non-alcoholic contributors are the Honorable E. C. Manning, Premier of Alberta and Dr. E. M. Jellinek, Consultant to the Foundation.

A number of members from Alberta attended the meeting at Long Beach, California.

A VETERAN penologist who is known as the "father of prison A.A." recalled two decades of experience with inmate alcoholics and testified: "Alcoholics Anonymous in prison does work."

The speaker was Clinton T. Duffy, former warden at San Quentin Prison and currently a member of the California Adult Authority "parole board." While at San Quentin, Mr. Duffy in 1941 became the first warden to invite San Francisco members of Alcoholics Anonymous to apply the principles of their alcoholism rehabilitation program to inmate problem drinkers.

"Recently, in San Francisco, at the close of an outside A.A. meeting, a former inmate whom I had not seen for many years came up to me," Mr. Duffy noted. "This man had just passed his 17th year of sobriety and said that Alcoholics Anonymous deserves most of the credit. He had been a member of the first group in San Quentin. That same evening a lad released from our medical facility that very

morning was attending his first meeting on the outside. Others whom I met there have five years, seven years, five months, seven months—and so forth—of sobriety in A.A. They are honest and happy people."

ERNEST A. SHEPHERD, Administrator of the Florida State Alcoholic Rehabilitation Program, noted that the history of the development of community facilities in alcoholism paralleled the quarter of a century of A.A.'s existence.

"There are now in existence internationally, nationally and locally organizations and agencies which are moving broadly along the same lines as A.A. to change community attitudes and to mobilize help for individuals," the Florida administrator said. "It can be candidly and constructively recognized that while the functions of these agencies are many times those not traditionally assumed by A.A., and are in addition to accepted A.A. approaches, the latter do not duplicate or conflict in any way, but rather increase the possibilities of cooperation by which alcoholism comes under remedial and preventive controls."

> There were many other fine speakers at the Convention: clergymen, prison officials, doctors, and representatives of management and labor. **Progress** hopes to reprint some of their presentations in later issues.

PRESIDENT Dwight D. Eisenhower sent greetings to the Convention. His message said, "It is a pleasure to send greetings to those attending the Twenty-fifth Anniversary Convention of the Society of Alcoholics Anonymous. Over the years the members of the society have achieved much success in dealing with one of mankind's difficult personal problems. The Alcoholics Anonymous program of rehabilitation and group service has benefited countless individuals and their families and has contributed to the well-being of the national community. I am delighted to add my best wishes for a fine convention."

The above report is taken from A.A. press releases, from General Service Staff's *Highlights of A.A.'s 25th Anniversary International Convention,* and from *Good News* of the Northern California Council of Alcoholics Anonymous.

## *PASTORAL*

# *The Clergyman and the Family of the Alcoholic*

Pastors have more opportunities to help the family of the alcoholic than to help the alcoholic himself. One reason for this state of affairs lies in sheer statistics. Around each alcoholic is a circle of people caught up in the web of misfortune and tragedy evolving from his drinking. The clergyman is thus bound to have more chances to counsel the spouse, parents or children. A more basic reason stems from the fact that the relatives are not hostile to the clergyman, while the alcoholic often shies away from the representative of religion, expecting to be exhorted to use "willpower" to quit drinking, to be "prayed over" rather than understood.

What can the clergyman do to help the family? H. J. Clinebell (Great Neck, N.Y.) has offered a number of guide lines and principles in his book on understanding and counseling the alcoholic.

Thorough knowledge of the scientific facts about alcoholism and alcoholics is basic to success in the role of family counselor. In addition, the clergyman should have first-hand experience with the clinics, hospitals and other agencies in the community that offer help to the alcoholic, and be familiar with the work of Alcoholics Anonymous, the "pastor's greatest resource," and with the Al-Anon family groups.

One essential for constructive counseling of the family is recognition of the effects of alcoholism on relationships within the family, between husband and wife, father and children, mother and children. "Anyone who has not lived with an alcoholic can hardly appreciate the shame, loneliness and despair that develop in such an atmosphere."

The pastor can help the family first of all simply by being an understanding friend. He can alleviate the desperate feeling of "living in a walled world of worry and shame." If nothing else, he can listen while the alcoholic's wife or husband vents feelings of guilt, shame, resentment, hostility, anger and fear. Just expression of these emotions helps in bearing the burden, provides a sense of support, aids in releasing the family from its feeling of social isolation.

By sensitive listening, the pastor can gradually gain a picture of the

real relationships within the family and find himself able to help the wife, for example, to understand her husband's problem and her own part in it. He can give her a new perspective, a fresh look at herself and her husband, if he can help her to accept the concept of alcoholism as a sickness. This outlook will enable the wife to see that the personality change in her husband, which has so bewildered and baffled her, is a symptom of his illness. The pastor can help her to understand that "underneath his outward defiant indifference to his family, he is a pool of guilt for what he is doing to them. . . ." A family brought to recognize that one of its members has a chronic progressive illness can more readily accept some of the effects of that illness. They become less vulnerable to the futile hope that the alcoholic may "lick it by himself." Their guilty feelings are enormously reduced. Most important, they can begin to understand how they are involved in the alcoholic's illness and to take steps both to protect themselves from some of its consequences and to help the alcoholic seek treatment.

The pastor should aim to encourage the family "to make the alcoholic face the reality of his adult life and of his drinking." They should learn to avoid both punishment and pampering. Spiritual counseling can help relatives to abandon punishment, nagging, threats and recriminations. But they should be helped also to understand that over-protection, saving the alcoholic from all the consequences of his behavior, is "cruel kindness" that leads only to prolongation of his irresponsibility. To be truly helpful, the family must maintain a difficult middle course of firmness. They must let him know that they expect him to get treatment for his alcoholism just as he would for tuberculosis or diabetes. It is usually wiser, however, for the pressures from the family to be "mainly the pressure of external circumstances" which follow the withdrawal of protection and "covering up."

The pastor should counsel the family not to press the alcoholic to try a specific therapy, as this may render him unable to accept it. Often the clergyman can help the family to find another person, perhaps a physician, who can broach the subject of treatment to the alcoholic, who can, perhaps, introduce him to A.A. and its program.

The pastor's responsibility involves the family as a whole. Sometimes the welfare of the family, especially of the children, requires geographic or legal separation from the alcoholic. The goal of counselling in such cases will be "to encourage the rest of the family to build a satisfying life among themselves and with friends."

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## *MEDICAL*

# *Alcoholism, Ulcers and Gastrectomy*

Physicians routinely advise patients with stomach ulcers to avoid alcoholic beverages. The stimulus given by alcohol to the secretion of gastric acid can produce violent discomfort; and immoderate drinking might cause perforation of the ulcer. Recently this subject has appeared in the medical literature in somewhat altered garb. Several investigators have reported an unexpected high incidence of surgery of the stomach among alcoholic patients. The surprising usual time sequence was not alcoholism-ulcers-surgery, but rather ulcers-surgery-alcoholism. Thus, among 600 alcoholic men admitted to Gugging Hospital (Austria), L. Navratil found that 20 per cent had undergone operations for ulcers. And another 5 per cent had suffered from an ulcer, "mostly during an earlier period of their lives," without requiring surgical intervention.

"In many of our patients," writes Navratil, "alcohol addiction started only after the gastric operation." Whereas the first stomach complaints had occurred before the age of 25 years in 38 per cent of the gastrectomized patients, admission to an institution for alcoholism occurred most frequently between the ages of 40 and 50 years. On the average, the surgery was done 10 years before hospitalization for alcohol addiction, though excessive drinking had started some time earlier.

In Navratil's experience, "The patient suffering from ulcer exhibits a stronger craving for alcohol following gastric surgery, but his alcohol tolerance is reduced." Many of the men complained that after their operation they simply couldn't stop drinking once they had started. Yet small amounts of alcohol would produce severe intoxication and other pathological reactions, apparently because gastrectomy results in accelerated absorption of alcohol.

Some patients attributed their increased desire for alcohol to "augmented requirement of acid." Some claimed that drinking had become a real pleasure only since the operation. Even in those who

had drunk excessively before the operation, "an obvious exacerbation of chronic alcohol abuse following gastrectomy could be observed."

Other physicians have reported similar experiences. M. Soeder (Germany) found among 100 unselected alcoholic patients that 13 had been gastrectomized. Only 2 of them had drunk excessively before the operation, and not to the extent of requiring treatment. Soeder believes that "there is no question that the ease of alcohol absorption" after stomach surgery was responsible for the alcoholism in the other 11. "Patients state that alcohol did not appeal to them formerly, while after gastrectomy a small amount suffices to make them feel unconcerned," as they became intoxicated almost immediately.

In 11,000 alcoholics treated since 1950 in a Zagreb clinic in Yugoslavia, J. Dojc found that 15.7 per cent of the men and 10.4 per cent of the women had had gastrectomies. Many of these individuals reported spontaneously that they had never liked alcohol prior to the operation; then, feeling a constant need for something sour, they started drinking—often acid wine—and became alcoholics.

If the gastrectomized person is physiologically more vulnerable to alcohol than others, so may he be predisposed in a psychological sense. The same investigators who discovered the high incidence of gastrectomy among their alcoholic patients have commented on this other link between ulcers, stomach surgery, and alcoholism.

The ulcer patient proverbially is a tense, nervous individual who finds it almost impossible to relax. Presumably his ulcer originated from the biochemical response of his organism to the prevailing climate of tension. Navratil carries the psychosomatic concept one step further. Alcoholics and ulcer patients, he maintains, have the same emotional profile. As children they were commonly spoiled and overprotected by the mother. "About half of our patients stated that they had been their mother's favorite child." A disproportionately large number were last-born children. If they married, they tended to choose a wife in the mother's image, with the unconscious expectation of perpetuating the pampering.

The internal resistance against the longing to be spoiled and mothered plays an important role in the origin of both the ulcer complaints and the excessive drinking. "While the patient suffering from ulcer succeeds in suppressing his infantile wishes, the alcoholic yields to a substitute." In many alcoholics gastric or duodenal ulcers first occur under the influence of the factors mentioned, with addictive drinking starting later on. The gastrectomy which occurs in between "promotes the development of events in a decisive manner."

Both Soeder and Dojc speak of the premorbid personality traits which lead to both ulcers and al-

coholism. In such persons gastrectomy may become the Achilles heel from which addiction develops. If there is no stomach operation, some individuals alternate between periods of ulcer complaints and excessive drinking, as if the two conditions were interchangeable. The ulcer complaints tend to stop when alcohol addiction starts, Navratil states. Then, if the addiction yields to treatment, the ulcer in some cases reasserts itself.

Physicians in different parts of the world have made similar observations independently. Thus J. L. Cathell (Butner, N.C.) described 28 patients who had had a definite ulcer before alcoholism developed, but whose ulcer symptoms vanished after they became confirmed inebriates. In explanation of this paradox, Cathell classes alcoholism and ulcers as interchangeable responses to extreme anxiety and tension.

Whatever one's interpretation of these findings, further investigation of the relationships between ulcers, gastric surgery and alcoholism seems essential. Medical practitioners as well as patients should be fully informed of the special dangers of addiction following stomach surgery. Then, too, since alcoholics with ulcers may constitute a sizable proportion of clinic clientele, their problems should be studied in terms of a specific therapeutic approach. In the course of investigating the relationship between alcoholism and ulcers, Navratil concludes, "It is quite possible that new ways for understanding alcoholism could be found as well as new possibilities for relevant prophylaxis and therapy."

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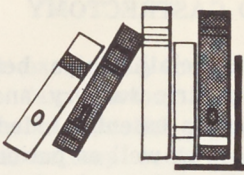

# Books

Some recent additions to the Foundation library:

### Social Drinking

By GIORGIO LOLLI, M.D.

*The World Publishing Company, New York. $4.50*

The subtitle of this book is 'How To Enjoy Drinking Without Being Hurt by It.' Dr. Lolli discusses the effects of alcohol on the body, alcohol addiction, the hangover, and alcohol's place in our society. This book will be fully reviewed in a later issue of **Progress**.

### To Know the Difference

By ALBERT D. ULLMAN

*St. Martin's Press, New York. $5.25*

Dr. Ullman who is Professor of Sociology at Tufts University has written this book primarily for those already afflicted by alcoholism and their families. He describes drinking customs, the problems of drinking, and cites the steps an alcoholic can follow to obtain treatment. This book will be fully reviewed in a later issue of **Progress**.

### Sociological Studies of Health and Sickness

DORRIAN APPLE, Editor

*McGraw-Hill Book Company, Inc., New York. $9.00*

This book is described as a source book for the health professions. The studies presented were carried out by sociologists, anthropologists, and psychologists, in some instances in collaboration with physicians. Alcoholism is discussed in detail. The book is an invaluable reference for all who wish to learn more about the thinking of other members of the health team.

### Culture and Mental Health

MARVIN K. OPLER, Editor

*The MacMillan Company, New York. $9.25*

This compendium on social psychiatry shows the effects of cultural patterns on mental health in world-wide perspective. It features material from every continent or island area in which notable work has been done. Dr. Opler has carefully selected the best current cross-cultural studies from the work of Margaret Mead, Abram Kardiner, Bingham Dai, and nineteen other distinguished researchers.

# OTHER FOUNDATION SERVICES

- **ADVISORY SERVICES:**

  Professional advice and assistance on the problems of alcoholism.

- **AUDIO-VISUAL AIDS:**

  Films, tapes, records, and displays are available on loan.

- **CONFERENCES and SEMINARS:**

  To create a better understanding of the problems of alcoholism and methods of dealing with those problems.

- **INDUSTRIAL WORKSHOPS:**

  For the education of management, supervisory staffs, and general employees in Alberta industry.

- **ORIENTATION PROGRAMS:**

  For nurses, doctors, internes, penal officials, personnel managers, social workers, clergymen, teachers, and other groups.

- **PUBLICATIONS:**

  Progress, News Review, Digest on Alcohol Studies, and original brochures and pamphlets.

- **REFERENCE LIBRARY:**

  Books, pamphlets, and publications by authorities in the field of alcoholism.

- **SPEAKERS' BUREAU:**

  For professional, industrial, church, social, school, civic, and other groups requesting information.

*The illustrations in Progress are by Harry Heine*

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